

## GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT.** White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
  - Part 1 should be used for all testing events
  - Part 2 should be used to record referral data on **confirmed HIV positive** clients
  - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

### RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

#### Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

#### LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

#### NUMBERS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

#### Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

#### Radio buttons

Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.





Printed Barcode

## HIV TEST FORM

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010



Agency		Client		HIV Test Information		Risk Factors	
Session Date (MMDDYYYY)		Unique Agency ID Number		Intervention ID		Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors	
Site ID		Site Type		Site Zip Code			
Client ID		Date of Birth (MMDDYYYY)		State		County	
Zip Code		Ethnicity		Race — Check all that apply		Current Gender	
Previous HIV Test?		Self-Reported Result		Provide date of last test (MMYYYY)			
Sample Date (MMDDYYYY)		Worker ID		Test Election		Test Technology	
Specimen Type		Test Result		Result Provided		Date Provided (MMDDYYYY)	
If results not provided, why?		If rapid reactive, did client provide confirmatory sample?		If client risk factor information was discussed, please mark all that apply:		Injection Drug Use (IDU)	
In past 12 months has client had:		...without using a condom?		...with person who is an IDU?		Has client used injection drugs in past 12 months?	
Vaginal or Anal Sex		Oral Sex		...with person who is MSM?		Did client share drug injection equipment?	
With Male		With Female		...with person who is HIV positive?		Other Risk Factor(s)	
Session Activity		Local Use Fields		CDC Use Fields			
During this visit, was a risk reduction plan developed for the client?		L1		C1			
Other Session Activities (see codes on reverse)		L2		C2			

Client Identifying Data (Optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Codes for Site Type**

F01	Inpatient Facility	F02.88	Outpatient Facility- Other
F01.01	Inpatient Hospital	F02.99	Outpatient Facility- Unknown
F01.50	Inpatient- Drug / Alcohol Treatment	F03	Emergency Room
F01.88	In patient Facility- Other	F04.01	Blood Bank, Plasma Center
F01.99	Inpatient Facility- Unknown	F04.05	HIV Counseling and Testing Site
F02	Outpatient facility	F06	Community Setting
F02.03	Outpatient- Private Medical Practice	F06.01	Community Setting – AIDS Service Organization – non clinical
F02.04	Outpatient- HIV Specialty Clinic	F06.02	Community Setting – School/Education Facility
F02.10	Outpatient- Prenatal/ OBGYN Clinic	F06.03	Community Setting – Church/Mosque/Synagogue/Temple
F02.12	Outpatient- TB Clinic	F06.04	Community Setting – Shelter/Transitional housing
F02.12	Outpatient- Drug / Alcohol Treatment Clinic	F06.05	Community Setting – Commercial
F02.19	Outpatient- Family Planning	F06.06	Community Setting – Residential
F02.20	Outpatient- Community Mental Health	F06.07	Community Setting – Bar/Club/Adult Entertainment
F02.30	Outpatient- Community Health Clinic	F06.08	Community Setting – Public Area
F02.58	Outpatient- School/University Clinic	F06.09	Community Setting – Workplace
F02.60	Outpatient- Health Department/Public Health Clinic	F06.10	Community Setting – Community Center
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	F06.88	Community Setting – Other
F02.62	Outpatient- Health Department/Public Health Clinic-STD	F07	Correctional Facility
		F88	Facility – Other

**Codes for Other Risk factor(s)**

01	Exchange sex for drugs/money/or something they need
02	While intoxicated and/or high on drugs
05	With person of unknown HIV status
06	With person who exchanges sex for drugs/money
08	With anonymous partner
09	With person who has hemophilia or transfusion/transplant recipient
11	Sex with transgender

**Codes for Other Session Activities**

03.00	HIV Testing	10.07	Practice – Partner notification
04.00	Referral	10.66	Practice – Other
05.00	Personalized Risk assessment	11.01	Discussion – Sexual risk reduction
06.00	Elicit Partners	11.02	Discussion – IDU risk reduction
07.00	Notification of exposure	11.03	Discussion – HIV testing
08.01	Information – HIV/AIDS transmission	11.04	Discussion – Other sexually transmitted diseases
08.02	Information-Abstinence/postpone sexual activity	11.05	Discussion – Disclosure of HIV status
08.03	Information-Other sexually transmitted diseases	11.06	Discussion – Partner notification
08.04	Information-Viral hepatitis	11.07	Discussion – HIV medication therapy adherence
08.05	Information – Availability of HIV/STD counseling and testing	11.08	Discussion – Abstinence/postpone sexual activity
08.06	Information-Availability of partner notification and referral services	11.09	Discussion – IDU risk free behavior
		11.10	Discussion – HIV/AIDS transmission
08.07	Information – Living with HIV/AIDS	11.11	Discussion – Viral hepatitis
08.08	Information – Availability of social services	11.12	Discussion – Living with HIV/AIDS
08.09	Information – Availability of medical services	11.13	Discussion – Availability of HIV/AIDS counseling testing
08.10	Information – Sexual risk reduction	11.14	Discussion – Availability of partner notification and referral services
08.11	Information – IDU risk reduction		
08.12	Information – IDU risk free behavior	11.15	Discussion – Availability of social services
08.13	Information – Condom/barrier use	11.16	Discussion – Availability of medical services
08.14	Information – Negotiation / Communication	11.17	Discussion – Condom/barrier use
08.15	Information – Decision making	11.18	Discussion – Negotiation / Communication
08.16	Information – Disclosure of HIV status	11.19	Discussion – Decision making
08.17	Information – Providing prevention services	11.20	Discussion – Providing prevention services
08.18	Information – HIV testing	11.21	Discussion – Alcohol and drug use prevention
08.19	Information – Partner notification	11.22	Discussion – Sexual health
08.20	Information – HIV medication therapy adherence	11.23	Discussion – TB testing
08.21	Information – Alcohol and drug use prevention	11.66	Discussion – Other
08.22	Information – Sexual health	12.01	Other testing – Pregnancy
08.23	Information – TB testing	12.02	Other testing – STD
08.66	Information – Other	12.03	Other testing – Viral hepatitis
09.01	Demonstration – Condom/barrier use	12.04	Other testing – TB
09.02	Demonstration – IDU risk reduction	13.01	Distribution – Male condoms
09.03	Demonstration – Negotiation / Communication	13.02	Distribution – Female condoms
09.04	Demonstration – Decision making	13.03	Distribution – Safe sex kits
09.05	Demonstration – Disclosure of HIV status	13.04	Distribution – Safer injection / bleach kits
09.06	Demonstration – Providing prevention services	13.05	Distribution – Lubricants
09.07	Demonstration – Partner notification	13.06	Distribution – Education materials
09.66	Demonstration – Other	13.07	Distribution – Referral lists
10.01	Practice – Condom/barrier use	13.08	Distribution – Role model stories
10.02	Practice – IDU risk reduction	13.66	Distribution – Other
10.03	Practice – Negotiation / Communication	14.01	Post-intervention follow up
10.04	Practice – Decision making	14.02	Post-intervention booster session
10.05	Practice – Disclosure of HIV status	15.00	HIV Testing History Survey
10.06	Practice – Providing prevention services	88	Other

Form ID stickers  
(n=8)



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Here

# HIV TEST FORM

## PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010



CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?

L

☐ Yes

→ If yes, did client attend the first appointment?

☐ Yes

☐ No

☐ Don't know

☐ No

→ If no, why?

☐ Client already in care

☐ Client declined care

Was client referred to HIV Prevention services?

☐ Yes

☐ No

Was client referred to PCRS?

☐ Yes

☐ No

If female, is client pregnant?

☐ Yes

☐ No

☐ Don't know

☐ Declined

☐ Not asked

→ If yes, in prenatal care?

☐ Yes

☐ No

☐ Don't know

☐ Declined

☐ Not asked

→ If no, was client referred for prenatal care?

☐ Yes

☐ No

→ If yes, did client attend first prenatal care appointment?

☐ Yes

☐ No

☐ Don't know

### Local Use Fields

L3

L4

L5

L6

L7

L8

L9

L10

L11

L12

L13

L14

L15

L16

L17

### CDC Use Fields

C3

C4

C5

C6

C7

C8

### Notes (Print Only)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135b (E), 10/2007



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# HIV TEST FORM

## PART 2

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CDC requires the following information on **confirmed positives**

Was client referred to medical care?

- L** ☐ Yes ☐ No
- If yes, did client attend the first appointment? ☐ Yes ☐ No ☐ Don't know
- If no, why?
- ☐ Client already in care
- ☐ Client declined care

Was client referred to HIV Prevention services?

- ☐ Yes
- ☐ No

Was client referred to PCRS?

- ☐ Yes
- ☐ No

If female, is client pregnant?

- ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Not asked
- If yes, in prenatal care? ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Not asked
- If no, was client referred for prenatal care? ☐ Yes ☐ No
- If yes, did client attend first prenatal care appointment? ☐ Yes ☐ No ☐ Don't know

### Local Use Fields

L3		L8		L13	
L4		L9		L14	
L5		L10		L15	
L6		L11		L16	
L7		L12		L17	

### CDC Use Fields

C3		C6	
C4		C7	
C5		C8	

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## PART 3

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### HIV Incidence

Date information collected? (MMDDYYYY)	<input type="text"/>	7
Date first positive HIV test: (MMDDYYYY)	<input type="text"/>	
Has client ever tested negative?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	
Date last negative HIV test: (MMDDYYYY)	<input type="text"/>	
Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.	<input type="text" value="1"/> + <input type="text"/> = <input type="text"/>	
	Current (or 1 <sup>st</sup> positive) test	# of tests in the 2 years before the current (or 1 <sup>st</sup> positive) test
Has client used or is client currently using antiretroviral medication (ARV)?	<input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	If yes, specify antiretroviral medication? → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (See codes on reverse)
Date ARV began? (MMDDYYYY)	<input type="text"/>	
Date of last ARV use? (MMDDYYYY)	<input type="text"/>	
	7	L

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

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# HIV TEST FORM

## PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

### HIV Incidence

**Date information collected?**  
(MMDDYYYY)

**Date first positive HIV test:**  
(MMDDYYYY)

**Has client ever tested negative?**  
☐ Yes  
☐ No  
☐ Don't know  
☐ Declined

**Date last negative HIV test:**  
(MMDDYYYY)

**Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.**  
1 +  =   
Current (or 1<sup>st</sup> positive) test # of tests in the 2 years before the current (or 1<sup>st</sup> positive) test

**Has client used or is client currently using antiretroviral medication (ARV)?**  
☐ Yes → If yes, specify antiretroviral medication? →    
☐ No  
☐ Don't know  
☐ Declined  
(See codes on reverse)

**Date ARV began?**  
(MMDDYYYY)

**Date of last ARV use?**  
(MMDDYYYY)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

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**Codes for Antiretroviral (ARV) medication(s)**

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 11 Emtriva (emtricitabine, FTC)
- 03 Epivir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsara (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Invirase (saquinavir, SQV)
- 16 Kaletra (lopinavir/ ritonavir)
- 31 Lexiva (fosamprenavir, 908)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir, DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortavase, Invirase)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddl)
- 14 Videx EC (didanosine, ddl)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 21 Ziagen (abacavir, ABC)
  
- 88 Other
- 99 Unspecified